

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <small>(Only for new non-provisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>559412000100</b> First Inventor <b>Dolores SCHENDEL</b> Title <b>SEMI-ALLOGENIC ANTI-TUMOUR VACCINE WITH HLA HAPLO-IDENTICAL ANTIGEN-PRESENTING CELLS</b> Express Mail Label No. <b>EV 333855368 US</b>	
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (2 pages) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification (in English) [Total Pages <b>27</b> ] <small>(preferred arrangement set forth below)</small> • Descriptive title of the invention • Cross Reference to Related Applications • Statement Regarding Fed sponsored R & D • Reference to sequence listing, a table, or a computer program listing appendix • Background of the invention • Brief Summary of the invention • Brief Description of the Drawings (if filed) • Detailed Description • Claims • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>2</b> ] 5. Oath or Declaration [Total Sheets <b>2</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Sign statement attached, deleting inventor(s) named in the prior application, see 37 CFR 1.63(c)(2) and 1.33(b)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or   ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)		<b>ACCOMPANYING APPLICATIONS PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment (3 pages) 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Copy of continuing application in German (PCT/EP02/02595) - 26 pages	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>PCT/EP02/02595</b> which claims priority to <b>DE 101 12 851.7</b> Prior application information: Examiner <b>Not Yet Assigned</b> Art Unit: <b>Not Yet Assigned</b> For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5a, is considered part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number: <b>25226</b> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	Zip Code
Country		Telephone	Fax
Name (Print/Type) <b>Carol M. Gruppi</b>		Registration No. (Attorney/Agent) <b>37,341</b>	
Signature <i>Carol M. Gruppi</i>		Date	<b>September 15, 2003</b>
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 333855368 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: <b>9/15/03</b> Signature: <i>Tamara Alcaraz</i> (Tamara Alcaraz)			

<b>FEE TRANSMITTAL for FY 2003</b>		<b>Complete if Known</b>	
<small>Effective 01/01/2003, Patent fees are subject to annual revision.</small>		Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Concurrently Herewith
		First Named Inventor	Dolores SCHENDEL
		Examiner Name	Not Yet Assigned
		Art Unit	Not Yet Assigned
<b>TOTAL AMOUNT OF PAYMENT</b>		Attorney Docket No.	559412000100

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>FEE CALCULATION (continued)</b> <b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2051 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053 130</td><td>1053 130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804 920*</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251 110</td><td>2251 55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 410</td><td>2252 205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 930</td><td>2253 465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 1,450</td><td>2254 725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 1,970</td><td>2255 985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 320</td><td>2401 160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 320</td><td>2402 160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 280</td><td>2403 140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452 110</td><td>2452 55</td><td>Petition to revive - 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<b>SUBMITTED BY</b> Name (Print/Type): Carol M. Gruppi Signature: <i>Carol M. Gruppi</i>		Complete (if applicable) Registration No. (Attorney/Agent): 37,341 Telephone: (650) 813-5777 Date: September 15, 2003	
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airtel No. EV 333855368 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 9/15/03 Signature: *Amara Alcaraz*